# **University of Liverpool logoMedical evidence template**

# **Student details**

# Title: [ ]  Mr [ ]  Mrs [ ]  Miss [ ]  Ms

# Forename(s): Click or tap here to enter text.

# Surname: Click or tap here to enter text.

# Address: Click or tap here to enter text.

# Date of Birth: Click or tap here to enter text.

# **The diagnosis of the disability, mental health condition or medical condition** (if the student has more than one condition, please include all relevant information): Click or tap here to enter text.

# **Date of diagnosis:** Click or tap here to enter text.

# **Is the disability long term or likely to be long term?** (NB: The Equality Act states that a disability is long term if it has lasted, or is likely to last for 12 months or more) [ ] Yes [ ]  No

# **In your professional opinion does the condition/disability have a substantial effect on the student?** (NB: The Equality Act states that a substantial effect is one that is more than a minor or trivial effect):

#  [ ]  Yes [ ]  No

# **The impact of the condition on the student’s normal daily activities** (especially those which may have an impact on studying, e.g. poor attendance, motivation, fatigue, social anxiety etc):Click or tap here to enter text.

# **Accommodation Requirements**

# Does the condition necessitate a specific accommodation requirement? [ ]  Yes [ ]  No

# If yes, please provide details of the disability related accommodation requirement: Click or tap here to enter text.

# **Your Details**

# Name: Click or tap here to enter text.

# Job Title: Click or tap here to enter text.

# The name and contact details of the organisation you work for (please use your agency’s stamp – alternatively please also include a covering note on headed paper):

Click or tap here to enter text.

# **Your Signature:** Click or tap here to enter text.

# **Date:** Click or tap here to enter text.